

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032459

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8543

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

ENROUTE CITY HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2828 LEMP AVE

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALPHA

LEE

FRITTS

4. DATE
OF
DEATH

Month

Day

Year

SEPT 2

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

FEB 19 1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIGHT WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

CITY OF ST. LOUIS

11. BIRTHPLACE (City and state or country)

INDIANA

12. CITIZEN OF WHAT COUNTRY

U-S-A.

13a. FATHER'S NAME

WILLIAM FRITTS

13b. MOTHER'S MAIDEN NAME

BERTHA OSBORNE

14. NAME OF HUSBAND OR WIFE

GLADYS FRITTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

GLADYS FRITTS 2828 LEMP AVE

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

1 HOUR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

HYPERTENSIVE CARDIOVASCULAR DISEASE

2 YEARS

DUE TO (c)

DIABETES MELLITUS

4 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

260X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

SEPT 1961, to SEPT 1962 and last saw him alive on 8-31-62

Death occurred at

8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Oley S Jones (Degree or title)

22b. ADDRESS

M.D., 3616 S. Broadway, St Louis

22c. DATE SIGNED

9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

SEPT 4 1962

23c. NAME OF CEMETERY OR CREMATORY

BERNIE CEMETERY

23d. LOCATION (City, town, or county)

MALDEN

(State)

MO.

24. FUNERAL DIRECTOR

Thomas Katis 2906 Grannis

25. DATE RECD. BY LOCAL REG.

SEP 4 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address St. Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. O. S. Jones
1-4 PM in office
RR 2-5626